

State of Oregon
Department of Environmental Quality

Memorandum

Date: Feb. 26, 2013
To: Environmental Quality Commission
From: Joni Hammond, Deputy Director
Subject: Agenda item H, Action item: Director's transactions for commission review
March 20-21, 2013, EQC meeting

Why this is important Oregon Accounting Policy 10.90.00.PO and DEQ Policy 010.008.2010 require that the Oregon Environmental Quality Commission review and approve annually many of the DEQ director's financial transactions.

Background In 2001, the Department of Administrative Services adopted a policy requiring EQC review and approval of certain transactions of the DEQ director, including monthly time reports, vacation pay, travel expense and the small purchase order transaction system credit card use. In September 2001, the commission adopted a policy delegating review and approval of these transactions to the Management Services Division administrator, with annual EQC review of the approved transactions. The annual review is documented in EQC meeting minutes as directed by state policy.

DEQ recommendation and commission motion DEQ recommends that the Oregon Environmental Quality Commission review and accept the DEQ director's approved transactions seen in attachment C.

Attachments A. Oregon Accounting Manual Policy Number 10.90.00.PO
B. DEQ policy regarding approval of the director's transactions
C. Summary of Director Pedersen's financial transactions as defined by OAM 10.90.00.PO for the period Jan. 1 through Dec. 31, 2012.

Approved:

Division: _____

Section: _____

Report prepared by: Kathy Murphy

OREGON ACCOUNTING MANUAL		Number 10.90.00.PO
Oregon Department of Administrative Services State Controller's Division		Effective Date July 16, 2001
Chapter	Internal Control	.1 OF .3
Part	Approval of Agency Head Transactions	
Section		Approval Signature on file at SCD

Accountability and Control Standards

- .101 This policy sets accountability and control standards for the determination and delegation of review and approval authority for the agency head's monthly time report, requests for vacation payoff, use of exceptional performance leave, travel expense reimbursement claims, and Small Purchase Order Transaction System (SPOTS) card purchases. This policy is intended to ensure that these transactions are reviewed for completeness and accuracy and that they are in conformance with and measured against the documentation and compliance standards provided herein. In the case of agency heads that are elected, this policy may be applied at the option of that elected official.

Establishing Review and Approval Authority

- .102 Agency heads appointed by the Governor shall delegate review and approval authority for agency head financial transactions to the chief financial officer or to the person who holds the position of second-in-command to the agency head. The delegation shall be in writing.

Agency heads appointed by or reporting to a board or commission shall work with that body to create a review and approval structure for financial transactions of the agency head. The board or commission may delegate the review and approval authority, by direct designation or motion, in writing, to the board or commission chair or ranking officer. Or, the board or commission may delegate to the agency second-in-command, chief financial officer, or may choose to retain an active role in the approval process. Boards and commissions choosing to take an active role in the review and approval process must make the review and approvals of financial transactions a part of their regular meetings and document them in the minutes.

Boards and commissions delegating the review and approval process must at least annually review the financial transactions of the agency head approved as delegated. These post transaction reviews and approvals must be documented in the minutes of the board or commission annual meeting.

Requirement for Internal Procedure and Review

- .103 This policy requires agencies to develop internal procedures for the review and approval of the following agency head transactions:
- (a) Time reporting: Review and approve the agency head's monthly report of sick leave, vacation, holiday or other leave hours used. Review for completeness and accuracy and to ensure that all time that has been taken has been reported. Ensure that leave hours comply with HRSD 60.000.01 Sick Leave, 60.000.05 Vacation Leave, 60.010.01 Holidays, 60.000.15 Family Medical Leave, 60.005.01 Leave Without Pay and 60.000.10

Special Leaves with Pay. Time reporting (leave usage) must be documented using either paper or electronic timekeeping methods. The documentation must show that the time reports have been reviewed and approved by the appropriate authority, which, in the case of a board or commission, may be the ranking officer of the board. Note: Heads of agencies are classified as exempt from the Fair Labor Standards Act (FLSA) and as such should not be required to report actual hours worked. The time reporting review is intended to focus only on hours related to the categories defined above. The documentation must provide evidence for an audit trail and must be maintained by the agency for the prescribed IRS retention schedule for time records of three years and one quarter as well as the current record retention standards per Secretary of State, Archives Division.

- (b) Travel expense reimbursements: Review and approve all travel claims submitted by the agency head, whether for in-state or out-of-state travel. Ensure compliance with DAS Travel Rules OAM 40.10.00 as well as OAM 10.40.00, Expenditures. The review and approval of travel transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.
- (c) Exceptional Performance Leave: This leave shall be granted to agency heads using the criteria set forth in HRSD 60.000.10 "Special Leaves With Pay". For agency heads appointed by the Governor, this leave shall only be granted by the Governor or by the Director of the Department of Administrative Services on behalf of the Governor. For agency heads reporting to a board or commission, this leave shall be granted by that body or by the board or commission chair and documented in the minutes of the board or commission. The review and approval responsibility is to ensure that the Exceptional Performance leave was granted based on appropriate criteria and authority and is in compliance with HRSD policy 60.000.10. The review and approval of these transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed. The documentation must clearly demonstrate the criteria upon which the leave was granted. The documentation must include copies of the written request and approval granting the leave and copies of the board or commission minutes, if applicable. The documentation must be retained according to the current record retention standards per Secretary of State, Archives Division.
- (d) Vacation Payoff: Review and approve ensuring compliance with HRSD policy 60 000.05 "Vacation Leave". The review and approval of these transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with HRSD 60.000.05. That review must clearly demonstrate that the vacation payoff was approved in accordance with Section (6)(b) of that policy which mandates that a vacation payoff is only granted when taking vacation leave is not appropriate. Copies of the written request and approval granting the vacation payoff and copies of the board or commission minutes, if applicable, must be part of the documentation for these transactions.
- (e) Use of the Small Purchase Order Transaction System (SPOTS) purchase card: Review purchases to ensure that they are appropriate expenditures that further the business of the state and the mission of the agency and that the use of the SPOTS card complies with OAM 55.30.00. The review must be conducted by someone other than the person whose name appears on the card. The review and approval of transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.

The documentation for all of the above should be retained according to the current record retention standards per Secretary of State, Archives Division.

Fiscal Officer Responsibility

- .104 Agency fiscal officers processing these financial transactions for the agency head have a duty to pre-audit and verify that the transactions comply with this policy.

Seeking Guidance from Chief Financial Office

- .105 For the purposes of this policy, those persons delegated to review and approve financial transactions for state agency heads have a duty to comply with the provisions of this policy. Any agency head requests to deviate from this policy must be approved by the Chief Financial Officer. Those persons delegated review and approval authority that have reservations or questions about an agency head financial transaction may seek guidance from the Chief Financial Office.

Transactions Subject to Audit

- .106 All financial transactions of state agency heads are subject to periodic audit by the Secretary of State Audits Division.

DEQ Policy

State of Oregon
Department of
Environmental
Quality

Approval of Director's Transactions

Policy Number 010.008.2010	
Effective Date: January 11, 2010	Next Scheduled Revision Date: 2015
Approval: Kerri Nelson (signature on file)	Title: MSD Administrator

Intent/Purpose/ Statement of Need	To set accountability and control standards for the review and approval of the DEQ director's financial transactions.
Authority	Oregon Accounting Manual <u>10.09.00.PO</u>
Applicability	DEQ director, MSD administrator, Environmental Quality Commission members

POLICY

MSD administrator review As delegated by the Environmental Quality Commission, the Management Services Division administrator will review and approve the director's:

- Monthly time reports
- Requests for vacation payoff
- Use of exceptional performance leaves
- Travel expense reimbursement claims
- Small Purchase Order Transaction System (SPOTS) card purchases

This review will be performed in accordance with OAM 10.90.00.PO.

EQC review Annual, at the time of the director's evaluation, the Environmental Quality Commission will review the transactions approved as delegated. These post transaction reviews and approvals will be documented in EQC meeting minutes.

History Updated formatting: January 11, 2010

Summary of Director's Financial Transactions
as defined by OAM 10.90.00.PO
1/1/12 - 12/31/12
DICK PEDERSEN

TIME REPORTING

Summary of leave taken:

Exceptional Performance Leave	0 hours
Governor's Leave	8 hours
Holiday	72 hours
Personal Business	24 hours
Sick Leave	3 hours
Vacation	220 hours
Furlough	64 hours
Comp Time	0 hours
Miscellaneous Paid Leave	0 hours

VACATION LEAVE PAYOFF: None

USE OF SMALL PURCHASE ORDER TRANSACTION SYSTEM (SPOTS) PURCHASING CARD: None

TRAVEL EXPENSE REIMBURSEMENTS

<u>Date</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Cost</u>	<u>Amount Reimbursed by Outside Party</u>	<u>Net Cost to DEQ</u>
1/4 - 1/5/12	Seattle	Attended the Pacific Northwest Director's Meeting.	\$308.35	\$0.00	\$308.35
2/28/12 & 3/15 - 3/16/12	Corvallis Hermiston	Spoke at OSU. Attended a function celebrating the Umatilla Chemical Weapons Stockpile End.	\$136.93	\$0.00	\$136.93
3/18 - 3/21/12	Austin, TX	Attended the Environmental Council of the States' Spring Meeting. * This amount includes the \$1,381.70 reimbursement from ECOS and a \$35.50 reimbursement from Dick Pedersen.	\$1,417.20	\$1,417.20 *	\$0.00
4/10 - 4/11/12	Medford	Visited with Klamath Tribes and Lake County Commissioners; toured various sites in southern Oregon.	\$466.88	\$0.00	\$466.88

Summary of Director's Financial Transactions
as defined by OAM 10.90.00.PO
1/1/12 - 12/31/12
DICK PEDERSEN

TRAVEL EXPENSE REIMBURSEMENTS			Total Cost	Amount Reimbursed by Outside Party	Net Cost to DEQ
Date	Destination	Reason for Travel			
4/25 - 4/27/12	Newport	EQC Meeting	\$241.64	\$0.00	\$241.64
5/2 - 5/11/12	La Grande, Ontario & Pendleton	Met with office staff, legislators & various community representa- tives. Went on field trips & tours.	\$1,097.25	\$0.00	\$1,097.25
5/15 - 5/16/12	Long Beach, CA	Attended the Clean Pacific Conference; participated in the Conference & the Executive Session.	\$485.43	\$0.00	\$485.43
6/4 - 6/9/12	Washington DC	Attended the Environmental Council of the States STEP Conference. * This amount includes \$1,374.76 for trip to Washington DC & \$2.25 for parking in Vancouver, WA, on 6/1/12 for a Lower Columbia River Estuary Partnership mtg.	\$1,377.01 *	\$0.00	\$1,377.01
6/28 - 6/29/12	Pendleton	Spoke at the Oregon Cattlemen Conference.	\$419.51	\$0.00	\$419.51
7/16 - 7/17/12	Arlington, VA	Spoke at the EPA's Annual Budget Forum.	\$292.40	\$292.40	\$0.00
7/18 - 7/27/12	Astoria & north coast; Lincoln county; Bend	Attended meetings with Senator Johnson; met with various city officials & community people in the Astoria area. Visited many restoration sites in the Tillamook area. Spoke to the Bend office staff about the budget and legislation; spoke at the Assn of Clean Water Conference; met with various city officials.	\$982.25	\$0.00	\$982.25
8/5 - 8/7/12	Medford & Coos Bay	Spoke to the Medford, Coos Bay, & Eugene offices about the budget & legislation.	\$305.16	\$0.00	\$305.16
8/26 - 8/29/12	Colorado Springs CO	Attended the Environmental Council of the States Annual Mtg.	\$1,134.44	\$1,134.44	\$0.00

Summary of Director's Financial Transactions
as defined by OAM 10.90.00.PO
1/1/12 - 12/31/12
DICK PEDERSEN

TRAVEL EXPENSE REIMBURSEMENTS			Total Cost	Amount Reimbursed by Outside Party	Net Cost to DEQ
Date	Destination	Reason for Travel			
10/8 - 10/9/12	Bend	Attended and participated on a panel at the Oregon Forest Industries Conference. Spoke to the Bend office staff about current issues and topics.	\$126.93	\$0.00	\$126.93
10/24 - 10/26/12	Bend	EQC Meeting; town hall type of meeting the evening of the 24th	\$287.30	\$0.00	\$287.30
11/6 - 11/10/12	Medford	Visited the Medford office; went on field tours; met with Rep. Buckey, Sen. Bates, & Rep. Esquivel.	\$590.00	\$0.00	\$590.00
11/19 - 11/20/12	Seattle	Attended the Pacific Northwest Director's Meeting.	\$406.62	\$0.00	\$406.62
11/27 - 11/30/12	North Bend	Attended the Annual Tribal Summit.	\$364.48	\$0.00	\$364.48
12/7 - 12/8/12	Bend	Gave a presentation to the Cattlemen Association Conference.	\$176.82	\$0.00	\$176.82
TOTAL:			<u>\$10,616.60</u>	<u>\$2,844.04</u>	<u>\$7,772.56</u>

EMPLOYEE MONTHLY TIMESHEET

OREGON STATE PAYROLL SYSTEM

FORM # AD1743

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DISTRIBUTN	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS	PAY BASIS	AMPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	OR0127253	1	0000001	MEAH Z7014	S	P	AA7	
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OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

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EMPLOYEE MONTHLY TIMESHEET

OREGON STATE PAYROLL SYSTEM

FORM # AD1743

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COST CENTER DISTRIBUTION											
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Attachment C
March 20-21,

DATE	DATE - DAY							REG HRS	LWOP	ECC HRS	ECC meeting
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OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:

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SIGNED, CERTIFYING TRUE AND ACCURATE

EMPLOYEE:

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**FULL TIME
HOURS**

END DATE 1307

DATE 12

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OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

FINAL COPY

PAYROLL AGENCY #	34000	PERSONNEL AGENCY #	34000	SHIFT	1	CHECK DISTRIBUTION	11000	EMPLOYEE ID #	OR0127253	CONG JOB	1	POSITION #	0000001	CLASS	MEAH	PAY BASIS	S	APPT TYPE	P	WORK SCHED	AA7	TIME SHEET #	
START DATE	0800	OT	NE	XX	134100414010	100.00	%																

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[illegible]

OREGON STATE PAYROLL SYSTEM

Attachment C
March 20-21, 2013, EOC meeting

[illegible]

OREGON STATE PAYROLL SYSTEM

EMPLOYEE MONTHLY TIMESHEET

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<div style="display: flex; justify-content: space-between;"> <div> <p>START DATE</p> <p>09/01/12</p> </div> <div> <p>END DATE</p> <p>09/30/12</p> </div> <div> <p>FULL TIME HOURS:</p> <p>160.00</p> </div> </div>																																																																																																																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> <p>SIGNED/CERTIFYING TRUE AND ACCURATE</p> <p><i>[Signature]</i></p> </div> <div> <p>EMPLOYEE:</p> <p><i>[Signature]</i></p> </div> <div> <p>SUPERVISOR:</p> <p><i>[Signature]</i></p> </div> </div>																																																																																																																																																																																																																																									

OREGON STATE PAYROLL SYSTEM

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DIST	EMPLOYEE NAME	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS MEAH	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	PEDERSEN, RICHARD J	080127253	1	0000001	Z7014	S	P	AA7	5-0-0
START TIME	O/T	BEN PKG	COST CENTER DISTRIBUTION									PERIOD ENDING
0800	NE	XX	134100414010	100.00%								10/31/13

DAY - DATE	PAY TYPE	REG	WOP	HRS	LA	VA	SL	CTL	PB	LO	OT	HP	CTA	SDE
1 MO	TU													
2 TU														
3 WE														
4 TH														
5 FR														
6 SA														
7 SU														
8 MO														
9 TU														
10 WE														
11 TH														
12 FR														
13 SA														
14 SU														
15 MO														
16 TU														
17 WE														
18 TH														
19 FR														
20 SA														
21 SU														
22 MO														
23 TU														
24 WE														
25 TH														
26 FR														
27 SA														
28 SU														
29 MO														
30 TU														
31 WE														

OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS:	DAYS WORKED	FORECAST	PRELIM	FINAL
LEAVE BALANCES AS OF:				
TIMESHEET - START DATE	10/01/12	END DATE	10/31/12	
FULL TIME HOURS:	184.00			
EMPLOYEE:	SIGNED/CERTIFYING TRUE AND ACCURATE			
SUPERVISOR:				

Item H 000019

EMPLOYEE MONTHLY TIMESHEET

OREGON STATE PAYROLL SYSTEM

PAYROLL AGENCY #	PERSONNEL AGENCY #	SHIFT	CHECK DIST	EMPLOYEE NAME	EMPLOYEE ID #	CONC JOB	POSITION #	CLASS MEAH	PAY BASIS	APPT TYPE	WORK SCHED	TIME SHEET #
34000	34000	1	11000	PEDERSEN, RICHARD J	0R0127253	1	00000001	Z7014	S	P	AA7	3-0 H
START TIME	O/T	BEN PKG	COST CENTER DISTRIBUTION									
0800	NE	XX	134100414010	100.00%								

PERIOD ENDING												12/31/12																						
May/12												12/31/12																						
2013, EQC meeting												2013, EQC meeting																						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	PAY TYPE	REG HRS	OT HRS	MISC HRS
SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	RG			
																															HO			
																															CTS			
																															RG			
																															HO	8		
																															CTS			
																															LA	8		
																															VA	24		
																															SL			
																															CTL			
																															PB			
																															GL	8		
																															LO			
																															OT			
																															HP			
																															CTA			
																															SDE			

Item H 0000

OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS:

LEAVE BALANCES AS OF:	START DATE	END DATE	FULL TIME HOURS:	EMPLOYEE:	SIGNED, CERTIFYING TRUE AND ACCURATE	SUPERVISOR:	DAYS WORKED	FORECAST	PRELIM	FINAL
	12/01/12	12/31/12	168.00				20			

STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET



305/VPT33807

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 1/2012 Seattle	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging			
					Breakfast	Lunch	Dinner				
01/04/12	1 pm		Travel to Seattle	35.50			35.50	137.00			
01/05/12		9 pm	Return to Portland	71.00	17.75	17.75	35.50	71.00			
15. Totals				106.50	17.75	17.75	71.00	137.00			
16. Accounting Codes				17. Date		18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
H010 - 41004						Personal Vehicle Mileage			0.500		
4151				106.50		01/04/12 Hotel Tax				23.37	30.85
4150				160.37		Parking (on hotel receipt) and tax				41.48	34.00
4160				41.48							
Totals				308.35				23. Section Total		\$64.85	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 Travel to Seattle was to attend the Pacific Northwest Director's meeting held at the Seattle EPA Offices.

26. Grand Total Amount		\$308.35
27. Travel Advance Amount		
28. Amount Due Employee/State		\$308.35
29. Received Training	Conducted Training	
30. Signature of Employee		Date
		01/06/12
31. Title		
Director		
32. Approved By		Date
		1/6/12
33. Title		
MSD Administrator		

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.



STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET

322/VPT 34086

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 3.15.12		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> 8 am - 5 pm <input type="checkbox"/> Other to		
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>			Bargaining Unit Name AFSCME					

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
03/15/12	12:30pm		Travel to Hermiston 77/46	23.00			23.00	77.00	100.00
03/16/12		10:30am	Return to Portland 23.00	44.50	11.50	11.50			44.50 23.00
				44.00					123.00
15. Totals				34.50	11.50	11.50	23.00	77.00	\$444.50

18. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-4100+		Personal Vehicle Mileage		0.500		
4101	03/15/12	Hotel Tax				6.93
4106		Parking (from 2/28 Corvallis)				7.00
4108						
Totals						136.93
23. Section Total						\$13.93

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 February parking was for a speaking engagement at OSU in Corvallis.
 March lodging was to attend a function celebrating the Umatilla Chemical Weapons Stockpile End in Hermiston. Dick represented DEQ at the evening ceremony.

26. Grand Total Amount 136.93 \$125.43	
27. Travel Advance Amount	
28. Amount Due Employee/State 136.93 \$125.43	
29. Received Training	Conducted Training
30. Signature of Employee 	31. Title Director Date 3/19/12
32. Approved By 	33. Title MSD Administrator Date 3/22/12

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET



302/VPT34267

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 03.2012 ECOS Austin		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Serv. <input type="checkbox"/> Executive Sec. <input type="checkbox"/> Board/Commission. <input type="checkbox"/> Volunte. <input type="checkbox"/>			Bargaining Unit Name AFSCME			Other <input type="checkbox"/>		

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
03/18/12	7:30am		Travel to Austin, Texas	53.25		17.75	35.50	185.00	238.25
03/19/12				35.50	prov	prov	35.50	185.00	256.00
03/20/12				35.50	prov	prov	35.50	185.00	256.00
03/21/12		8:30pm	Return to Portland	35.50	prov	prov	35.50		71.00
				159.75					714.75
15. Totals				266.25		17.75	142.00	555.00	\$821.25

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
10001-42004-M20000		Personal Vehicle Mileage		0.500		
		Hotel Tax (\$27.75/nt x 3)				83.25
-1151	159.75	Taxi to Hotel				25.00
-4150	138.25	Taxi to Airport (shared)				10.00
-4160	35.00					
Totals	833.00					

23. Section Total		\$118.25
--------------------------	--	-----------------

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend the Environmental Council of the States (ECOS) Spring Meeting in Austin, Texas, March 19-21, 2012. Dick represents the state of Oregon at the meeting.

26. Grand Total Amount	833.00
27. Travel Advance Amount	
28. Amount Due Employee/State	① 833.00
29. Received Training	Conducted Training

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee	31. Title	Date
	<i>[Signature]</i>	Director	04/12/12
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	32. Approved By	33. Title	Date
	<i>[Signature]</i>	MSD Administrator	4/25/12

OS me.

① \$833.00

② \$584.20 (see next page)

③ \$1,381.70 (Reimbursed by ECOS)

④ \$ <35.50 (Reimbursed by Dick Pedersen)

Azumano Travel




**** Duplicate Electronic Invoice ****

For: PEDERSEN/RICHARD
OR State Dept. of Environmental

Ticket #: 7022677469
Cred Card #: VIXXXXXXXXXXX10165
Agent ID: EX

Invoice Number: 127511735
Invoice Date: 1/26/2012
Record Locator: WZ0RLO
Booked Date: 1/26/2012

	3/18/2012	Depart: PORTLAND, OR	7:30 am	ALASKA AIRLINES	Flight #: 2246	Class: G
		Arrive: SEATTLE TACOMA, WA	8:20 am			
		Depart: SEATTLE TACOMA, WA	11:25 am	ALASKA AIRLINES	Flight #: 0668	Class: H
		Arrive: AUSTIN, TX	5:14 pm			
	3/21/2012	Depart: AUSTIN, TX	3:56 pm	UNITED AIRLINES	Flight #: 1591	Class: K
		Arrive: HOUSTON-INTL, TX	5:00 pm			
		Depart: HOUSTON-INTL, TX	5:50 pm	UNITED AIRLINES	Flight #: 1193	Class: K
		Arrive: PORTLAND, OR	8:34 pm			



No Car Rentals



No Hotel Bookings

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7022677469 :	\$555.70
Service Fee: 0554998221 :	\$28.50
	<u>\$584.20</u>

2

DEPARTMENT OF ENVIRONMENTAL QUALITY
TRANSMITTAL ADVICE
TRAVEL REIMBURSEMENT

CK #	TRAN AMNT	FOR THE ACCOUNT OF	VO #	PJT #
CHECK NAME		REASON FOR PAYMENT		INV #
22118	1,381.70	ECOS		M20000
ENVIRONMENTAL COUNCIL OF THE STATES		TRAVEL REIMBURSEMENT FOR DICK PEDERSEN - SHORT		
③	1,381.70	TOTAL		

7/2/12

Dick Pedersen submitted check 5023 in the amount of \$35.50
to cover the provided meal on 3/20/12. The payment was applied
as a ROX to VP 342.67/001, object code 4151, project # M20000.

76 m

ECOS TRAVEL REIMBURSEMENT FORM

ADDRESS

Name: Dick Pedersen
Organization: Oregon DEQ
Address: 811 SW Sixth Ave
City/State/Zip: Portland, Oregon
Phone: 503-229-5300
Fax: 503-229-6762
Email: pedersen.dick@deq.state.or.us

Instructions:

*****PLEASE COMPLETE ELECTRONICALLY*****
Type in the requested information. Calculations will be done automatically.
Please mail a signed hard copy of this completed form and corresponding original receipts for all items \$25 and more to ECOS for reimbursement.

Mail to:
ECOS
50 F St NW
Suite 350
Washington, DC 20001
Phone: (202) 266-4920

Meeting Name: ECOS Spring Meeting

Meeting Location: Austin, TX

Travel Start and End Dates and Times:

3/18/12 - 7:30am; 3/21/12 - 8:30pm

Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	TOTALS
Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	
3/18/2012	3/19/2012	3/20/2012	3/21/2012	3/21/2012						
TRANSPORTATION										
Air/Train Fare	\$584.20									584.20
Personal Car Mileage										
Mileage Charges				10.00						35.00
Taxi/Van/Metro										
Airport Parking										
Transportation Subtotal	609.20			10.00						\$ 619.20
MEALS & INCIDENTALS (M&IE): See GSA page for per diem rates.										
Breakfast		provided	provided	provided						
Lunch	17.75	provided	provided	provided						17.75
Dinner	35.50	35.50	35.50	35.50						142.00
Incidentals										
M&IE Subtotal	53.25	35.50	35.50	35.50						\$ 159.75
HOTEL AND OTHER (Please specify "other" charges)										
Hotel	212.75	212.75	212.75							638.25
Bag Check										
Other Internet										
Hotel and Other Subtotal	212.75	212.75	212.75							\$ 638.25
GRAND TOTAL AMOUNT OWED										\$ 1,417.20

* current rate is \$ 0.510 per mile

I certify that the above claim is correct and in accordance with ECOS Travel Policy (Please sign and date):

Make Check Payable To: Oregon DEQ

Mail Check to: ☐ Address on File ☐ Above Address (NEW USERS ONLY)

OR

OFFICE USE ONLY

APPROVED

M&IE Breakdown

Breakfast 7 \$46 8 \$51 9 \$56 10 \$61 11 \$66 12 \$71

Lunch 11 12 13 14 15 16 17 18

Dinner 23 24 25 26 27 28 29 30

Incidentals 5 6 7 8 9 10 11 12

Travel Reimbursement Form Oct-07.xls

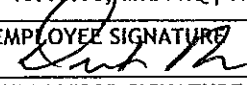
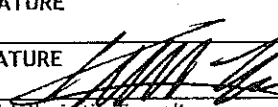


ECOS

CODE

CHECK #

March 20-21, 2013, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 104-12																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13 14010 41004 13-10001-4-2004-M20000			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) Spring Meeting in Austin, Texas March 19-21, 2012. Dick represents the state of Oregon at this meeting.																									
7. ITINERARY: Destination city/state: Austin, Texas Departure date/time: Sun, March 18, 2012, 7:30am Return date/time: Wed, March 21, 2012, 8:30pm			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <div style="text-align: right;">TOTAL: \$556.00</div>																						
9. LODGING: Lodging per diem rate: \$108.00 See Jorri Hammond's email. 185.00 Room tax per night: 27.75 # of nights: 3 <div style="text-align: right;">TOTAL: \$638.25</div>			10. MEALS: Daily meal per diem rate: \$71.00 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>17.75</td> <td>3</td> <td>53.25</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>4</td> <td>71.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>4</td> <td>142.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td>\$266.25</td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	3	53.25	Lunch: (25%)	17.75	4	71.00	Dinner: (50%)	35.50	4	142.00	TOTAL:			\$266.25
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	3	53.25																						
Lunch: (25%)	17.75	4	71.00																						
Dinner: (50%)	35.50	4	142.00																						
TOTAL:			\$266.25																						
11. CAR RENTAL: (See OAM 40.10.00, PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: \$0.00			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage 0.00 b. Shuttle (# of miles) _____ c. Other (specify below) 40.00 Bus and/or cab <div style="text-align: right;">TOTAL: \$40.00</div>																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. ESTIMATED COST OF TRIP: <table style="width:100%;"> <tr><td>Transportation:</td><td>\$556.00</td></tr> <tr><td>Lodging:</td><td>\$638.25</td></tr> <tr><td>Meals:</td><td>\$266.25</td></tr> <tr><td>Car Rental:</td><td>\$0.00</td></tr> <tr><td>Misc:</td><td>\$40.00</td></tr> <tr><td>TOTAL:</td><td>\$1,500.50</td></tr> </table>			Transportation:	\$556.00	Lodging:	\$638.25	Meals:	\$266.25	Car Rental:	\$0.00	Misc:	\$40.00	TOTAL:	\$1,500.50								
Transportation:	\$556.00																								
Lodging:	\$638.25																								
Meals:	\$266.25																								
Car Rental:	\$0.00																								
Misc:	\$40.00																								
TOTAL:	\$1,500.50																								
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____																									
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE: 			DATE: 1/2/12																						
19. SUPERVISOR SIGNATURE: _____			DATE: _____																						
20. DA/EMT SIGNATURE: _____			DATE: _____																						
21. MSD DA SIGNATURE: 			DATE: 1/31/12																						

STATE OF OREGON

317/VPT.34220

① \$299.28

② \$167.60 (see next page)

466.88

Azumano Travel

Azumano Travel
Est. 1949






Travel
Services
Representative

**** Duplicate Electronic Invoice ****

For: PEDERSEN/DICK
OR State Dept. of Enviromental

Ticket #: 7024307651
Cred Card #: VXXXXXXXXXXXX10165
Agent ID: D9

Invoice Number: 120147771
Invoice Date: 3/2/2012
Record Locator: NF5FW3
Booked Date: 3/2/2012

 AIRLINES	4/10/2012	Depart: PORTLAND, OR	8:00 am	ALASKA AIRLINES	Flight #: 2329	Class: L
		Arrive: MEDFORD, OR	8:57 am			
	4/11/2012	Depart: MEDFORD, OR	6:55 pm	ALASKA AIRLINES	Flight #: 2094	Class: L
		Arrive: PORTLAND, OR	7:52 pm			
 CARS	4/10/2012	ENTERPRISE	Type of Car: ICAR		# of Days: 1	
		MEDFORD, OR	Confirmation #: 764695134COUNT		Booked Rate (per day): \$32.02	
 HOTELS		No Hotel Bookings				

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7024307651 :	\$159.60
Service Fee: 0556367430 :	\$8.00
	<u>2</u> \$167.60

RA 10R0127253
STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET

311/VPT34313

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) Apr EQC 2012	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/>		Executive Se./ice <input type="checkbox"/> ##		Board/Commissid. <input type="checkbox"/> ##	
Bargaining Unit Name <input type="checkbox"/>		AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement			14. Total Meals and Lodging
					Breakfast	Lunch	Dinner	
04/25/12	10am		Travel to Newport 8-1/2	28.00		prov	28.00	84.00 ✓
04/26/12				0	prov	prov	prov	84.00 ✓
04/27/12		5pm	Return to Portland	28.00	14.00	prov	14.00	28.00 ✓
15. Totals				56.00	14.00		42.00	168.00 ✓
16. Accounting Codes		17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004			Personal Vehicle Mileage			0.555		
4101 56.00			Hotel Parking (attach receipts)					
4106 185.64			Hotel Taxes					17.64 ✓
Totals		2541.64						23. Section Total
								\$17.64 ✓

24. I did/will ☐ did not/will not ☐ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Attend the EQC meeting in Newport, April 25-27, 2012

26. Grand Total Amount	\$241.64 ✓
27. Travel Advance Amount	
28. Amount Due Employee/State	\$241.64 n/m
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By	33. Title MSD Administrator
	Date 05/01/12
	Date 5/3/12

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



333/VPT34415

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) May 2012 Eastern Region		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to		
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Se/ice <input type="checkbox"/> Board/Commissid <input type="checkbox"/> Volunte <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME			Other <input type="checkbox"/>		

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
05/02/12	1pm		Leave For LaGrande	46.00	N/A	N/A	23.00	77.00	423.00-100.00
05/03/12			Leave for Ontario	46.00	11.50	11.50	23.00	77.00	123.00
05/04/12				34.50	11.50	prov	23.00	77.00	111.50
05/05/12				46.00	11.50	11.50	23.00	25.00	71.00
05/06/12			Leave for Pendleton	46.00	11.50	11.50	23.00	77.00	123.00
05/07/12				46.00	11.50	11.50	23.00	77.00	123.00
05/08/12				23.00	11.50	11.50	prov	77.00	100.00
05/09/12				46.00	11.50	11.50	23.00	77.00	123.00
05/10/12		5pm	Return to Portland	46.00	11.50	11.50	23.00	77.00	46.00-123.00
5/11/12				34.50	11.50	11.50	11.50		34.50
				391.00			195.50	641.00	1,032.00
15. Totals				378.00	103.50	92.00	484.00	564.00	\$848.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4101	391.00	Hotel Tax LaGrande 5/2				7.70
4106	706.25	Hotel Tax Ontario 5/3 & 5/4				15.40
		Hotel Tax Pendleton 5/6 - 5/11 (9% of \$77)			34.65	41.30
		City TPA (5 nights)				7.50
Totals		1097.25	23. Section Total			45.25
						\$64.40

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to visit the Eastern Region. During Dick's visit he met with office staff, legislators and various community representatives. He also went on field trips and tours. With approval from the Deputy Director, Dick spent Saturday evening in the Eastern Region, but did not stay in a hotel.

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee 	31. Title Director	Date 5/15/12
	32. Approved By 	33. Title MSD Administrator	Date 5/16/12

26. Grand Total Amount	1,097.25 \$1,007.90
27. Travel Advance Amount	
28. Amount Due Employee/State	1,097.25 \$1,007.90 x m
29. Received Training	Conducted Training

✓ for dup

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



342/VPT 34465

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 5.2012 Clean Pacific	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Session <input type="checkbox"/> Board/Commission <input type="checkbox"/> Voluntary <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
05/15/12	1:00pm		Leave for Long Beach 125/71	35.50			35.50	125.00	160.50
05/16/12		8:00pm	Return to Portland	53.25	17.75	prov	35.50		53.25
15. Totals				88.75	17.75		71.00	125.00	\$213.75

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4151	88.75	Hotel Tax				18.88
4150	143.88					
4160	55.20	Taxi (27.60 each way)				55.20
Totals		287.83	23. Section Total		\$74.08	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend the Clean Pacific Conference in long Beach.
Dick participated in the Conference and the Executive Session.

26. Grand Total Amount	\$287.83
27. Travel Advance Amount	
28. Amount Due Employee/State	① \$287.83 <i>nm</i>
29. Received Training	Conducted Training

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee <i>Dick Pedersen</i>	31. Title Director	Date 05/17/12
	I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.	32. Approved By <i>JR Ryp</i> for K. NELSON	33. Title ACIS MSD Administrator

OS no,

① \$287.83

② \$197.60 (see next page)

\$485.43

Azumano Travel

Azumano Travel
Est. 1949






Travel
Services
Representative

**** Duplicate Electronic Invoice ****

For: PEDERSEN/DICK
OR State Dept. of Environmental

Ticket #: 7024307650
Cred Card #: VXXXXXXXXXXXXX10165
Agent ID: D9

Invoice Number: 120147770
Invoice Date: 3/2/2012
Record Locator: N8LMW1
Booked Date: 3/2/2012

	5/15/2012	Depart: PORTLAND, OR Arrive: LONG BEACH, CA	12:40 pm 3:00 pm	ALASKA AIRLINES	Flight #: 3478	Class: T
	5/16/2012	Depart: LONG BEACH, CA Arrive: PORTLAND, OR	5:00 pm 7:25 pm	ALASKA AIRLINES	Flight #: 3479	Class: T
	No Car Rentals					
	No Hotel Bookings					

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7024307650 :	\$189.60
Service Fee: 0556367429 :	\$8.00
	<u>\$197.60</u>

②

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 139-12																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13 14010 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Travel is for the Clean Pacific Conference being held in Long Beach May 15-17, 2012. Dick will be attending the Executive Session on May 15 and the Conference May 16.																									
7. ITINERARY: Destination city/state: <u>Long Beach, CA</u> Departure date/time: <u>Tues. May 15, 2012 12:30pm</u> Return date/time: <u>Wed. May 16, 2012 7:30pm</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <div style="text-align: right;">TOTAL: <u>\$200.00</u></div>																						
9. LODGING: Lodging per diem rate: <u>\$125.00</u> Amount per night: <u>125.00</u> Room tax per night: <u>18.88</u> # of nights: <u>1</u> <div style="text-align: right;">TOTAL: <u>\$143.88</u></div>			10. MEALS: Daily meal per diem rate: <u>\$71.00</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;"># Meals</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td style="text-align: center;">17.75</td> <td style="text-align: center;">1</td> <td style="text-align: center;">17.75</td> </tr> <tr> <td>Lunch: (25%)</td> <td style="text-align: center;">17.75</td> <td style="text-align: center;">1</td> <td style="text-align: center;">17.75</td> </tr> <tr> <td>Dinner: (50%)</td> <td style="text-align: center;">35.50</td> <td style="text-align: center;">2</td> <td style="text-align: center;">71.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td style="text-align: center;"><u>\$106.50</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	1	17.75	Lunch: (25%)	17.75	1	17.75	Dinner: (50%)	35.50	2	71.00	TOTAL:			<u>\$106.50</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	1	17.75																						
Lunch: (25%)	17.75	1	17.75																						
Dinner: (50%)	35.50	2	71.00																						
TOTAL:			<u>\$106.50</u>																						
11. CAR RENTAL: (See OAM 40.10.00.P.O., Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage <u>0.00</u> (# of miles) b. Shuttle <u>40.00</u> c. Other (specify below) <div style="text-align: right;">TOTAL: <u>\$40.00</u></div>																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____			16. ESTIMATED COST OF TRIP: Transportation: <u>\$200.00</u> Lodging: <u>\$143.88</u> Meals: <u>\$106.50</u> Car Rental: <u>\$0.00</u> Misc: <u>\$40.00</u> <div style="text-align: right;">TOTAL: <u>\$490.38</u> <i>gcm</i></div>																						
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE <i>Dick Pedersen</i>				DATE: <u>4-17-12</u> 4-18-12																					
19. SUPERVISOR SIGNATURE				DATE:																					
20. DA/EMT SIGNATURE				DATE:																					
21. MSD DA SIGNATURE <i>[Signature]</i>				DATE: <u>4/20/12</u> <i>000035</i>																					

RA 10R0127253

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



318/VPT34593

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 6.2012 ECOS STEP Conference	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input type="checkbox"/> # 8 am - 5 pm <input checked="" type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Servid <input type="checkbox"/> Executive Se <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunte <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME <input checked="" type="checkbox"/> Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
06/04/12	6:00am		Travel to Washington DC	53.25		17.75	35.50	259.00 ^A	312.25
06/05/12				71.00	17.75	17.75	35.50	prov	71.00
06/06/12				35.50	17.75	17.75	35.50	prov	35.50
06/07/12				53.25	17.75	prov	35.50	prov	53.25
06/08/12				53.25	prov	17.75	35.50	prov	53.25
06/09/12		3:00pm	Return to Portland	53.25	71.00	17.75	17.75	17.75	74.00 53.25
				319.50					578.50
15. Totals				937.25	71.00	88.75	159.75	259.00	\$596.25

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.555		
		Parking for LCREP Policy Summit on 6/1				2.25
		Taxi to PDX on 6/4				41.50
		Taxi to Airport on 6/9				20.00
		Taxi to home on 6/9				41.00
		Luggage Receipt (\$20 each way)				40.00
		Hotel taxes				37.56
Totals					23. Section Total	\$182.31

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend the Environmental Council of the States (ECOS) STEP Conference in Washington DC. Dick is Secretary Treasurer. ECOS provided lodging for the dates of the meetings and conference. Dick went a day early to meet with various legislators. Also included is Parking for the LCREP Policy Summit. Dick was a presenter at the summit.

26. Grand Total Amount	760.81 \$778.56
27. Travel Advance Amount	
28. Amount Due Employee/State	① 760.81 \$778.56
29. Received Training	Conducted Training
30. Signature of Employee	31. Title Director
32. Approved By for K. NELSON	33. Title MSD Administrator
	Date 06/12/12
	Date 6/13/12

OS rec.

① \$760.81

② \$616.20 (see next page)

\$1,377.01

Azumano Travel

Azumano Travel
Est. 1949






Travel
Services
Representative

**** Duplicate Electronic Invoice ****

PEDERSEN/DICK
OR State Dept. of Environmental

Ticket #: 7026033050
Credit Card #: VIXXXXXXXXXXX10165
Agent ID: D9

Invoice #: 120157352
Invoice Date: 4/4/2012
Record Locator: NFWH9U
Booked Date: 4/4/2012

 AIRLINES	6/4/2012	Depart: PORTLAND, OR Arrive: LOS ANGELES, CA	6:40 am 9:09 am	ALASKA AIRLINES	Flt No.: 0560	Class: K
		Depart: LOS ANGELES, CA Arrive: WASHINGTON-NATIONAL, DC	12:55 pm 8:58 pm	ALASKA AIRLINES	Flt No.: 0006	Class: K
	6/9/2012	Depart: WASHINGTON-NATIONAL, DC Arrive: LOS ANGELES, CA	9:10 am 11:43 am	ALASKA AIRLINES	Flt No.: 0005	Class: V
		Depart: LOS ANGELES, CA Arrive: PORTLAND, OR	12:40 pm 2:55 pm	ALASKA AIRLINES	Flt No.: 0569	Class: V
 CARS	No Car Rentals:					
 HOTELS	No Hotel Bookings:					

Summary of Charges

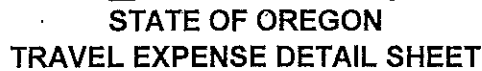
ALASKA AIRLINES -- Ticket #: 7026033050 :	\$608.20
Service Fee: 0556830290 :	\$8.00
	<u>(2) \$616.20</u>

Tax Information

March 20-21, 2013, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION

Page 33 of 49

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 142-12																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13 14010 41004			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Environmental Council of the States (ECOS) State Environmental Protection (STEP) in 2012 Conference, being held in Washington DC, June 7-9, 2012. Dick represents the state of Oregon at this meeting. He will also be speaking at this conference. Dick also plans to have hill visits and meetings with EPA while there.																									
7. ITINERARY: Destination city/state: Washington, DC Departure date/time: Mon, June 4, 2012 6:40am Return date/time: Sat, June 9, 2012 3:00pm		8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) TOTAL: \$608.00																							
9. LODGING: Lodging per diem rate: \$224.00 <i>The over per diem room</i> Amount per night: 259.00 <i>rate was approved by</i> Room tax per night: 37.55 <i>Joni Hammond,</i> # of nights: 5 TOTAL: \$1,482.75		10. MEALS: Daily meal per diem rate: \$71.00 <table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>17.75</td> <td>5</td> <td>88.75</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>6</td> <td>106.50</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>5</td> <td>177.50</td> </tr> <tr> <td colspan="3">TOTAL:</td> <td>\$372.75</td> </tr> </tbody> </table>					Rate	# Meals	Total	Breakfast: (25%)	17.75	5	88.75	Lunch: (25%)	17.75	6	106.50	Dinner: (50%)	35.50	5	177.50	TOTAL:			\$372.75
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	5	88.75																						
Lunch: (25%)	17.75	6	106.50																						
Dinner: (50%)	35.50	5	177.50																						
TOTAL:			\$372.75																						
11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: \$0.00		12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) <table border="1"> <tbody> <tr> <td>a. Private vehicle mileage</td> <td>0.00</td> </tr> <tr> <td>b. Shuttle</td> <td>(# of miles)</td> </tr> <tr> <td>c. Other (specify below)</td> <td>40.00</td> </tr> <tr> <td colspan="2"><i>Baggage fees</i></td> </tr> <tr> <td>TOTAL:</td> <td>\$40.00</td> </tr> </tbody> </table>				a. Private vehicle mileage	0.00	b. Shuttle	(# of miles)	c. Other (specify below)	40.00	<i>Baggage fees</i>		TOTAL:	\$40.00										
a. Private vehicle mileage	0.00																								
b. Shuttle	(# of miles)																								
c. Other (specify below)	40.00																								
<i>Baggage fees</i>																									
TOTAL:	\$40.00																								
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____		16. ESTIMATED COST OF TRIP: <table border="1"> <tbody> <tr> <td>Transportation:</td> <td>\$608.00</td> </tr> <tr> <td>Lodging:</td> <td>\$1,482.75</td> </tr> <tr> <td>Meals:</td> <td>\$372.75</td> </tr> <tr> <td>Car Rental:</td> <td>\$0.00</td> </tr> <tr> <td>Misc:</td> <td>\$40.00</td> </tr> <tr> <td>TOTAL:</td> <td>\$2,503.50 <i>new</i></td> </tr> </tbody> </table>				Transportation:	\$608.00	Lodging:	\$1,482.75	Meals:	\$372.75	Car Rental:	\$0.00	Misc:	\$40.00	TOTAL:	\$2,503.50 <i>new</i>								
Transportation:	\$608.00																								
Lodging:	\$1,482.75																								
Meals:	\$372.75																								
Car Rental:	\$0.00																								
Misc:	\$40.00																								
TOTAL:	\$2,503.50 <i>new</i>																								
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE <i>Dick Pedersen</i>		DATE:																							
19. SUPERVISOR SIGNATURE		DATE:																							
20. DAVE/MT SIGNATURE		DATE:																							
21. MSD DA SIGNATURE <i>[Signature]</i>		DATE: 4/20/12 Item # 000038																							



343/VPT 34706 RA

① \$184.91
② \$234.60

\$419.51

Azumano Travel

Azumano Travel
Est. 1949






Travel
Services
Representative

**** Duplicate Electronic Invoice ****

PEDERSEN/RICHARD JOHN
OR State Dept. of Environmental

Ticket #: 7030498861
Credit Card #: VXXXXXXXXXXXX10165
Agent ID: C3

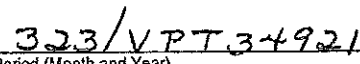
Invoice #: 127523321
Invoice Date: 6/21/2012
Record Locator: S6J57W
Booked Date: 6/21/2012

 AIRLINES	6/28/2012	Depart: PORTLAND, OR Arrive: PENDLETON, OR	6:30 pm 7:30 pm	WINGS OF ALASKA	Flt No.: 3313	Class: M
	6/29/2012	Depart: PENDLETON, OR Arrive: PORTLAND, OR	2:15 pm 3:15 pm	WINGS OF ALASKA	Flt No.: 3324	Class: H
 CARS	6/28/2012	HERTZ PENDLETON, OR	Car Type: ICAR Confirmation #: F5130703757		# of Days: 1 Booked Rate (per day): \$32.25	
 HOTELS	No Hotel Bookings:					

Summary of Charges

WINGS OF ALASKA -- Ticket #: 7030498861 :	\$226.60
Service Fee: 0557425107 :	\$8.00
	<u>2</u> \$234.60

Tax Information

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET[illegible]

OS rec.

① \$292,40

② \$292.40 Reimbursed by outside party - see next page

\$0



TRAVEL VOUCHER EXPENSE WORKSHEET

TRAVELER INFORMATION

NAME: DICK PEDERSEN
HOME ADDRESS: 811 SW 6th Portland, OR. 97204
TELEPHONE NUMBER: 503-229-5300
EMAIL: pedersen.dick@deg.state.or.us

DATES OF TRAVEL

BEGINNING DATE: 7-16-12

DEPARTING FROM: PDX

ENDING DATE: 7-17-12

RETURNING TO:

EXPENSES PLEASE ATTACH ALL RECEIPTS	FIRST EXPENSE	DATE INCURRED	SECOND EXPENSE	DATE INCURRED	THIRD EXPENSE	DATE INCURRED
AIRFARE IF DIRECT BILLED:						
PUBLIC TRANSIT COST (TAXI OR METRO)						
PRIVATE AUTO MILEAGE:						
TOLLS:						
RENTAL CAR:						
RENTAL CAR GAS:						
LODGING COST:	169 ⁻	7-16-12				
HOTEL TAX:	16.90					
INTERNET CONNECTION FEE'S:						
HOTEL PARKING:						
AIRPORT PARKING:						
ATM FEE'S:						
CONFERENCE REGISTRATION FEE:						
WERE ANY MEALS PROVIDED? No			53.25	7/16/12	53.25	7/17/12
OTHER (SPECIFY)						

PLEASE FAX COMPLETED FORM TO 513-487-2595 ATTN: SARAH WILLIAMS 513-487-2089

② Total \$292.40

March 20-21, 2013, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION

Page 38 of 49

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 21-13																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 10001-42004-M20000				5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Dick was invited by EPA to speak at their annual Budget Forum on July 17, 2012 in Arlington, Virginia. EPA will be covering all costs.																									
7. ITINERARY: Destination city/state: <u>Arlington, Virginia</u> Departure date/time: <u>Mon, July 16, 8:45am</u> Return date/time: <u>Tues, July 17, 7:40pm</u>			8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12) <i>EPA will pay directly for the airfare</i> TOTAL: <u>\$0.00</u>																						
9. LODGING: Lodging per diem rate: <u>\$169.00</u> Amount per night: <u>169.00</u> Room tax per night: <u>17.32</u> # of nights: <u>1</u> TOTAL: <u>\$186.32</u>			10. MEALS: Daily meal per diem rate: <u>\$71.00</u> <table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th># Meals</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td>17.75</td> <td>1</td> <td>17.75</td> </tr> <tr> <td>Lunch: (25%)</td> <td>17.75</td> <td>2</td> <td>35.50</td> </tr> <tr> <td>Dinner: (50%)</td> <td>35.50</td> <td>2</td> <td>71.00</td> </tr> <tr> <td colspan="3">TOTAL:</td> <td><u>\$124.25</u></td> </tr> </tbody> </table>				Rate	# Meals	Total	Breakfast: (25%)	17.75	1	17.75	Lunch: (25%)	17.75	2	35.50	Dinner: (50%)	35.50	2	71.00	TOTAL:			<u>\$124.25</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	17.75	1	17.75																						
Lunch: (25%)	17.75	2	35.50																						
Dinner: (50%)	35.50	2	71.00																						
TOTAL:			<u>\$124.25</u>																						
11. CAR RENTAL: (See OAM 40.10.00.P0, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>			12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage <u>0.00</u> b. Shuttle <u>(# of miles) 25.00</u> c. Other (specify below) <u>60.00 -40.00</u> <i>Baggage fees + airport parking</i> TOTAL: <u>85.00 -40.00</u>																						
13. TRAINING RELATED? (if yes, attach agenda) <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____			16. ESTIMATED COST OF TRIP: Transportation: <u>\$0.00</u> Lodging: <u>\$186.32</u> Meals: <u>\$124.25</u> Car Rental: <u>\$0.00</u> Misc: <u>\$40.00 -85.00</u> TOTAL: <u>395.57 -76.25</u> <u>\$350.57</u>																						
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.																									
18. EMPLOYEE SIGNATURE <i>Dick Pedersen</i>				DATE: <u>7/12/12</u>																					
19. SUPERVISOR SIGNATURE				DATE:																					
20. DA/EMT SIGNATURE				DATE:																					
21. MSD DA SIGNATURE <i>[Signature]</i>				DATE: <u>7/13/12</u> Item # 000043																					

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



323/VPT34921

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 7.2012 N Coast and Bend	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input type="checkbox"/> # 8 am - 5 pm <input checked="" type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Secretary <input type="checkbox"/> Board/Commissioner <input type="checkbox"/> Volunteer <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
08/18/12	7:30am		Travel to Astoria 131/51	38.25		12.75	25.50	131.00	169.25
08/19/12				51.00	12.75	12.75	25.50	131.00	182.00
08/20/12		7:30pm	Finish at N Coast 51.00	25.50	12.75	12.75	25.50		51.00
08/23/12	8am		Work from N Coast 105/56 42.00	46.00	14.50	14.50	25.00	25.00	71.00
08/24/12			Lincoln County 54.00	46.00	14.50	14.50	25.00	25.00	71.00
08/25/12	10:30		Travel to Bend 114/61	61.00	15.25	15.25	30.50	129.00	190.00
08/26/12				30.50	15.25	15.25	prov	129.00	159.50
08/27/12		8pm	Return To Portland 30.50	15.25	prov	prov	45.25		30.50
			Δ Spent the night in Newport (Lincoln County).				30.50		
				340.25	70.00	96.75	193.50		930.25
15. Totals				343.60	79.00	94.75	442.75	570.00	\$883.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.555		
4101	360.25	Hotel Tax Astoria		26.200		26.20
4106	622.00	Hotel Tax Bend		25.800		25.80
		Δ Over per diem room rate was approved by Joni Hammond.				
Totals		982.25	23. Section Total		52.00	

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend meetings with Sen Johnson and meet with various city officials and community people in the Astoria area. Dick also visited many restoration sites along with Commissioner Armstrong in the Tillamook area. Dick then travelled to Bend to speak to the Bend office about Budget & Legislature, then spoke at the ACWA conference and met with various city officials.

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

30. Signature of Employee
[Signature]

31. Title
Director

Date
08/03/12

32. Approved By
[Signature]

33. Title
MSD Administrator

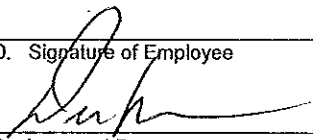
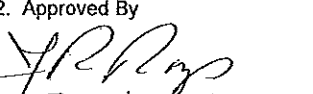
Date
8/10/12

✓ for dup.

for K. Newson



323/VPT34921

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 8.2012 Medford Coos Bay Budget				
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input type="checkbox"/> ## 8 am - 5 pm <input checked="" type="checkbox"/> # Other to				
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME Other <input type="checkbox"/>						
8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	13. Individual Meal Reimbursement Breakfast Lunch Dinner	14. Total Meals and Lodging		
08/05/12	12:00pm		Travel to Medford 82/56	42.00 ✓	14.00 28.00	80.00 ✓		
08/06/12			Travel to Coos Bay 77/46	46.00 ✓	11.50 11.50 23.00	77.00 ✓		
08/07/12		6:30pm	Return to Portland	46.00 ✓	11.50 11.50 23.00	46.00 ✓		
			15. Totals	134.00 ✓	23.00 37.00 74.00	157.00 ✓		
16. Accounting Codes		17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses		19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-4100-4			Personal Vehicle Mileage			0.555		
4101		134.00	Hotel Tax Medford					8.00 ✓
4106		171.16	Hotel Tax Coos Bay					6.16 ✓
Totals		305.16			23. Section Total		\$14.16 ✓	
24. I did/will <input type="checkbox"/> did not/will not <input checked="" type="checkbox"/> accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.								
25. REASON FOR TRAVEL: (Be specific.) Travel was to visit Medford, Coos Bay and Eugene offices to meet with staff and go over Budget and Legislation								
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.				26. Grand Total Amount \$305.16 ✓				
				27. Travel Advance Amount				
				28. Amount Due Employee/State \$305.16 ✓				
				29. Received Training Conducted Training				
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.				30. Signature of Employee 		31. Title Date Director 08/08/12		
				32. Approved By 		33. Title Date MSD Administrator 8/10/12		

STATE OF OREGON

307/VPT35172 RA

PVM res.; 05 res.

① \$1,134.44

② $\langle \$1,134.44 \rangle$ Reimbursed by outside party. See next page.

\$ 0

Item H 000047

1. NAME OF EMPLOYEE: Dick Pedersen		2. AGENCY/OFFICIAL STATION: DEQ / HQ		3. REQUEST #: 52-13																					
4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 10001-42004-M20000			5. TRAVEL JUSTIFICATION ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
6. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Dick will be attending the Annual Environmental Council of the States (ECOS) Conference from August 27-29, 2012. The conference will be held in Colorado Springs, Colorado. Dick is the Secretary- Treasurer and also represents the state of Oregon.																									
7. ITINERARY:		8. TRANSPORTATION: (Airfare, train fare or state motor pool vehicle (circle one). For rental cars, see #11, for misc. ground transportation, see #12)																							
Destination city/state: <u>Colorado Springs, CO</u>		TOTAL: <u>\$606.00</u>																							
Departure date/time: <u>August 26, 6:30am</u>																									
Return date/time: <u>August 29, 8:30pm</u>																									
9. LODGING: Lodging per diem rate: <u>\$83.00</u> <i>Over per diem room</i> Amount per night: <u>126.00</u> <i>rate was approved by</i> Room tax per night: <u>11.84</u> <i>Joni Hammond.</i> # of nights: <u>3</u> TOTAL: <u>\$413.52</u>		10. MEALS: Daily meal per diem rate: <u>\$66.00</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;"># Meals</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: (25%)</td> <td style="text-align: center;">16.50</td> <td style="text-align: center;">3</td> <td style="text-align: center;">49.50</td> </tr> <tr> <td>Lunch: (25%)</td> <td style="text-align: center;">16.50</td> <td style="text-align: center;">4</td> <td style="text-align: center;">66.00</td> </tr> <tr> <td>Dinner: (50%)</td> <td style="text-align: center;">33.00</td> <td style="text-align: center;">4</td> <td style="text-align: center;">132.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td style="text-align: center;"><u>\$247.50</u></td> </tr> </tbody> </table>					Rate	# Meals	Total	Breakfast: (25%)	16.50	3	49.50	Lunch: (25%)	16.50	4	66.00	Dinner: (50%)	33.00	4	132.00	TOTAL:			<u>\$247.50</u>
	Rate	# Meals	Total																						
Breakfast: (25%)	16.50	3	49.50																						
Lunch: (25%)	16.50	4	66.00																						
Dinner: (50%)	33.00	4	132.00																						
TOTAL:			<u>\$247.50</u>																						
11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: <u>\$0.00</u>		12. MISCELLANEOUS COSTS: (Identify specific expenses - taxis, shuttles, phone, vehicle mileage, etc.) a. Private vehicle mileage <u>0.00</u> b. Shuttle <u>(# of miles)</u> c. Other (specify below) _____ TOTAL: <u>\$0.00</u>																							
13. TRAINING RELATED? (if yes, attach agenda) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. ESTIMATED COST OF TRIP: Transportation: <u>\$606.00</u> Lodging: <u>\$413.52</u> Meals: <u>\$247.50</u> Car Rental: <u>\$0.00</u> Misc: <u>\$0.00</u> TOTAL: <u>\$1,267.02</u> <i>nm</i>																							
14. STATUS: <input checked="" type="checkbox"/> Executive/Mgmt Svc: <input type="checkbox"/> AFSCME: <input type="checkbox"/> Other: Explain: _____																									
15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.																									
17. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy																									
18. EMPLOYEE SIGNATURE <i>[Signature]</i>			DATE: <u>9-19-12</u>																						
19. SUPERVISOR SIGNATURE _____			DATE: _____																						
20. DA/EMT SIGNATURE _____			DATE: _____																						
21. MSD DA SIGNATURE <i>[Signature]</i>			DATE: <u>9/23/12</u> Item H/000048																						



323/VPT 35247

[illegible]

STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET



30.5/VPT 35.327

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 10.2012 EQC Bend	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input type="checkbox"/> 8 am - 5 pm <input checked="" type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteering <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME		Other <input type="checkbox"/>	

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
10/25/12	9am		Travel to Bend 89/111	45.75		15.25	30.50	89.00	134.75
10/26/12				30.50	prov	prov	30.50	89.00	119.50
10/27/12		5pm	Return to Portland	15.25	prov	prov	15.25		15.25
26									
15. Totals				91.50		15.25	76.25	178.00	\$269.50

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.555		
4101	96.50	Hotel Tax				17.80
4106	195.80					
Totals						287.30
23. Section Total						\$17.80

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline, frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to attend the EQC Meeting being held in Bend October 25-26, 2012. There was also a town hall style meeting the evening of October 24.

26. Grand Total Amount		\$287.30
27. Travel Advance Amount		
28. Amount Due Employee/State		\$287.30 <i>nm</i>
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
<i>[Signature]</i>	Director	10/11/12
32. Approved By	33. Title	Date
<i>[Signature]</i>	MSD Administrator	11/1/12

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.



STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET

302/VPT 35577 RM

1. Name of Employee Dick Pedersen			2. Agency DEQ			3. Period (Month and Year) 11.2012 Medford		
4. Official Station HQ / Portland			5. Division/ Work Unit OD			6. Regular Schedule Work Shift ## 8 am - 5 pm # Other to		
7. Unrepresented <input type="checkbox"/> Management Serv <input type="checkbox"/> Executive Se <input type="checkbox"/> Board/Commiss <input type="checkbox"/> Volunte <input type="checkbox"/>			Bargaining Unit Name <input type="checkbox"/> AFSCME			Other <input type="checkbox"/>		

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
11/06/12	5:30pm		Travel to Medford 82/56	28.00			28.00	80.00	108.00
11/07/12				56.00	14.00	14.00	28.00	80.00	136.00
11/08/12				56.00	14.00	14.00	28.00	80.00	136.00
11/09/12				56.00	14.00	14.00	28.00	80.00	136.00
11/10/12		2pm	Return to Portland	42.00	14.00	14.00	14.00		42.00
15. Totals				238.00	56.00	56.00	126.00	320.00	\$558.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.555		
4101	238.00	Hotel Tax				32.00
4106	352.00					
Totals						590.00
23. Section Total						\$32.00

24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
Travel was to visit with the Medford office, go on field tours and visit with local legislators. Dick was able to meet with Rep Buckley, Sen Bates and Rep Esquivel.

26. Grand Total Amount		\$590.00
27. Travel Advance Amount		
28. Amount Due Employee/State		\$590.00
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	01/02/13
32. Approved By	33. Title	Date
	MSD Administrator	1/3/13

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET

329/VPT.35440

[illegible]

OS rec.



STATE OF OREGON
 TRAVEL EXPENSE DETAIL SHEET

303/VPT 35463

1. Name of Employee Dick Pedersen		2. Agency DEQ		3. Period (Month and Year) 12/2012 Tribal Summit N Bend	
4. Official Station HQ / Portland		5. Division/ Work Unit OD		6. Regular Schedule Work Shift <input checked="" type="checkbox"/> ## 8 am - 5 pm <input type="checkbox"/> # Other to	
7. Unrepresented <input type="checkbox"/> Management Service <input type="checkbox"/> Executive Service <input checked="" type="checkbox"/> Board/Commission <input type="checkbox"/> Volunteered <input type="checkbox"/> Other <input type="checkbox"/>		Bargaining Unit Name <input type="checkbox"/> AFSCME			

8. Date	9. Time of Departure	10. Time of Arrival	11. Destination	12. Per Diem/ Hourly Allowance	12. Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
11/27/12	1pm		Travel to North Bend 77/46	23.00			23.00	77.00	100.00
11/28/12				34.50	11.50	prov	23.00	77.00	111.50
11/29/12				23.00	prov	prov	23.00	77.00	100.00
11/30/12		6pm	Return to Portland	34.50	11.50	11.50	11.50		34.50
15. Totals				115.00	23.00	11.50	80.50	231.00	\$346.00

16. Accounting Codes	17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
14010-41004		Personal Vehicle Mileage		0.500		
4101	115.00	Hotel Tax				18.48
4106	249.48					
Totals						364.48
23. Section Total						\$18.48

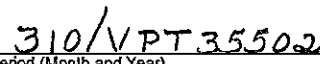
24. I did/will ☐ did not/will not ☒ accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)
 Travel to North Bend was to attend the Annual Tribal Summit November 28-29, 2012.

26. Grand Total Amount		\$364.48
27. Travel Advance Amount		
28. Amount Due Employee/State		\$364.48
29. Received Training	Conducted Training	
30. Signature of Employee	31. Title	Date
	Director	12/03/12
32. Approved By	33. Title	Date
	MSD Administrator	12/4/12

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.

I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure.

STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET[illegible]